



## Pool Membership Form

Talbot County Department of Parks and Recreation

10028 Ocean Gateway

Easton, MD 21601

Phone: 410-770-8050

TTY: 410-822-8735

Fax: 410-822-7107

Rick Towle

Parks and Recreation, Director

**George Murphy Community Pool**

501 Port Street, Easton, MD

410-820-7306

**Bay One Hundred Community Pool**

911 South Talbot Street, St. Michaels, MD

410-745-6592

**Applicants Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home #:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### Types of Membership

**Youth Season Pass** (under 17) \_\_\_\_\_

**Senior Season Pass** \_\_\_\_\_

**Adult Season Pass** (18 years and older) \_\_\_\_\_

**Family of 4 season Pass** \_\_\_\_\_

\*Pool Passes can be used at both of Talbot County Community Pools \* Pool Passes are NON TRANSFERABLE

List Pool Members, including yourself	AGE	PASS Number	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Emergency Information

Please list any family members with special medical information, including but not limited to current medications:

**Contact Mother at:** \_\_\_\_\_ **Contact father at:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Office #:** \_\_\_\_\_

I acknowledge that I have a complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, it's officers, agents, and employees, harmless from and against all liability, claims actions, suits, damages, loss, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program(s) offered by the Talbot County Department of Parks and Recreation or any affiliated program.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Type of Payment:

**Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Received By:** \_\_\_\_\_

**Date passes were received:** \_\_\_\_\_

### Official Use Only